

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.	FILING DATE
APPLICANT(S)	

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1		/				
2						
3			/			
4				/		
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48				/		
49				/		
50				2		
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

*	IND.	DEP.	*	IND.	DEP.	*	IND.	DEP.
51					2			
52					2			
53					2			
54					2			
55					1			
56					1			
57					1			
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98								
99								
100								
TOTAL IND.					5			
TOTAL DEP.					56			
TOTAL CLAIMS					6			